

# Notification of withdrawal

Contract no.

1

Employer	Name and place							
Insured person	Last name First name			Insured person number				
	Street, postcode and tov	vn, country	l		Date of birth	Gender		
	Nationality				Country of employm	nent	f	
	L Email address (private)				Phone no.			
employment	Date of departure (take a	ccount of protection agai	inst dismissal and terminati	on deadlines as well as t	he obligation to continu	ue salary payments)		
relationship	Is the insured person from a health viewpo	n fully fit for work	☐ Yes ☐ No For persons who are not fully of incapacity" form and the re		fit for work, kindly submit the "Notification elevant attachments to us.			
	Early retirement? If yes, contact will be	e established.	□ Yes	🗆 No				
	Is the insured person in a registered partn		□ Yes	🗆 No				
Transfer of withdrawal benefit	Please note the	explanations on the	sferred in accordance back of this page.				+	
Denent	t					retirement accoun	L	
	Paying agent (name and address of the bank or occupational benefits institution)							
	Postal account	IBAN/bank account no.		BIC (SWIF	T address) of bank	Clearing no. of b	ank	
Payable to				First name			<u></u>	
	L			l				

Option cash payout and signatures, see next page

Maintenance of occupational nefits coverage					
	Postal account	IBAN/bank account	Bank BIC (SWIFT address)	Bank clearing no.	
Signature of employer		Signature of employer			
Tax liability	Y The insured person hereby confirms assuming sole responsi- bility for notifying the relevant tax authorities and for meeting all tax liabilities that arise from any payments received.			bmit the CRS-I form.	
Signature of insured person		Insured person's signature	Last name First r	name	
(for cash payment)	L Date	Confirmation of spouse/registered partner (officially certified, where necessary – see "Neces	sary documentation for cash payments" Para. 3	)	
	1				

#### Use of the withdrawal benefit, para. 38 Pension Fund Regulations

The withdrawal benefit will be transferred to another pension fund, another retirement saving scheme or a personal retirement provision account, or be paid out to the insured person in cash, in accordance with the instructions of the insured person.

Cash payment to insured persons who are married requires the written consent of the spouse.

What does this mean in practice?

#### 1. To which schemes/accounts can the withdrawal benefit be transferred?

- a) A pension fund is a retirement saving scheme authorized in the member states of the EU and the EEA as defined in Directive 2003/41/EC of the European Parliament and of the Council of June 3, 2003 (see Art. 1 Pension Funds Act https://www.gesetze.li/konso/2007.011). The pension fund is a scheme, irrespective of its legal form, operating on a funded basis, established separately from any sponsor (employer) for the purpose of providing retirement benefits on the basis of an agreement in the context of an occupational activity (Art. 5 para. 4 Pension Funds Act https://www. gesetze.li/konso/2007.011).
- b) A retirement saving scheme is a scheme that accepts retirement capital and manages it until the person reaches retirement age.
- c) A personal retirement account is an individual account that is blocked for retirement provision. You will receive information about such schemes from the national pensions supervisor in your country of residence.
- d) Cash payout to the account of the insured person.

#### 2. What do I have to do to transfer the withdrawal benefit to such a scheme in accordance with Art. 1 a - c?

Ask your new employer whether it is affiliated with a pension fund or retirement saving scheme which accepts withdrawal benefits. Alternatively, find out whether an account blocked for retirement provision can be opened in your name with a bank or insurance company in your country of residence.

Then send us the account opening confirmation or the name and bank details of the relevant scheme together with the withdrawal form.

#### 3. Required proof for cash payment (Art. 1d)

The occupational benefits scheme is obligated to verify that the conditions for a cash payment have been met. Depending on the case, affiliation with the Rofenberg occupational benefits foundation in Vaduz may require the following proof, to be submitted together with the withdrawal notification.

#### Required proof in the case of a withdrawal benefit < CHF 100,000

Confirmation by signature of the insured person on the withdrawal notification and a passport copy. Married persons/registered partners must also have their spouse/registered partner sign their approval on the withdrawal notification and must submit a copy of the spouse's/registered partner's passport.

#### Required proof in the case of a withdrawal benefit > CHF 100,000

Unmarried/non-registered partners must submit a signed confirmation of the insured person on the withdrawal notification, a passport copy, and a copy of their official proof of marital status (no more than 3 months old).

Married/registered partners must submit a signed confirmation of the insured person on the withdrawal notification and a passport copy. Further, the signed approval of the spouse/registered partner on the withdrawal notification, a passport copy of the spouse/registered partner, and a copy of the marriage certificate or family register are required. In this case, the spouse's/registered partner's signature on the withdrawal notification must be certified by a notary public or municipal authority.

#### Additional proof for withdrawal benefits > CHF 10,000 (Apostille)

For payment to a bank account outside the Principality of Liechtenstein or Switzerland, an apostille (certificate of authenticity of identity and signature) must also be submitted by the competent authority in the country of domicile or consulate for capital withdrawals of more than CHF 10,000.

# 4. If you join a Swiss or Liechtenstein pension fund (collective foundation/company's own foundation), a transfer is possible under the following conditions:

The relevant pension fund allows a transfer and you have sufficient regulatory purchasing potential for the transfer (Art. 60b para. 2 BVV2). Please clarify this with the pension fund in advance and send us a confirmation. The AXA collective foundations in Switzerland and the Principality of Liechtenstein accept a transfer within the limits of purchasing potential. The transfer is made to the extra-mandatory portion of the pension fund.

# 5. Can the withdrawal benefit be transferred to a vested benefits account or vested benefits policy in Switzerland or the Principality of Liechtenstein?

A transfer to a vested benefits account or vested benefits policy in Switzerland or the Principality of Liechtenstein is not possible.

### 6. In which form can retirement assets be withdrawn on (early) retirement?

Depending on the pension plan, a lump sum payment or a pension payment directly to the retired person is possible. Early retirement is possible on reaching age 55 at the earliest (status October 2018).

#### 7. Is the withdrawal benefit subject to tax?

Every benefit paid out in cash is subject to tax (early departure or retirement). Transfer of the withdrawal benefit to a scheme as defined in para. 1 a-c can also have tax consequences. Please contact your local tax advisor/authority for more information.

### 8. Self-declaration

We kindly ask you to complete, sign and return to us the "CRS-I Individual tax residency self-certification form." You can ask us to send you the form, or you can download it from www.myaxa.li.

Please note: We are unable to execute the payment until we have received this form completed in full. In this case, the payment will not accrue any interest after the due date, and you have no entitlement to interest for late payment.

Generally, a person is taxed at their domicile – i.e. at the place where they are subject to income tax. However, under special circumstances, a person may be subject to tax in a different place or in more than one place, e.g. due to employment or studying in a different country. Please contact your tax advisor or www.myaxa.li for more information on tax resident status.

With my signature I confirm that all the information is correct. I am aware that it is punishable to give false information or not to notify us of changes in my circumstances.



CRS-I/

Contract no.

**Individual tax residence self-certification FORM** (please complete parts 1-3) Before you complete the form below, please read the instructions starting on page 3.

# Part 1: Identification of an individual account holder

A. Name of account holder (insured person / entitled person):

Last name(s):	
First name(s):	
B. Current residential address	
Street, house no .:	
Country:	
Postal code/place:	
C. Postal address: (Please only comp	lete if different to the address in Section <b>B</b> above)
Street, house no .:	
Country:	
Postal code/place:	
D. Date of birth(DD/MM/YYYY)	
E. Place of birth	
Town or city	
Country	
Nationality	

# Part 2: Country of residence for tax purposes

Please complete the following table stating where the account holder is resident for tax purposes and, for each country indicated, the account holder's Tax Identification Number (TIN) or equivalent number.

	Country of residence for tax purposes	Tax Identification Number (TIN)	If no TIN is available, please enter the reason <i>A, B, or</i> C*
1			
2			
3			



\*If no TIN is available, please state the appropriate reason A, B or C as defined below:

Reason A: The country in which the account holder is liable to pay tax does not issue TINs to its residents.

**Reason B:** The account holder is unable to obtain a TIN or equivalent number for another reason. (If you have selected this reason, please explain why you are unable to obtain a TIN in the table below).

**Reason C:** No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.)

If you selected *Reason B* above, please explain in the following boxes why you are unable to obtain a TIN.

1	
2	
3	

## Part 3: Declarations and signature

I confirm that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise **AXA Life Ltd.** within **30** days of any change in circumstances that could affect the status of the tax residence of the person identified in Part 1 of this form or cause the information contained herein to become inaccurate, and to provide **AXA Life Ltd.** with a suitably updated self-certification and declaration within **30** days of such change in circumstances.

Signature:

Name in block capitals:

Date:

**Note:** If you are not the account holder, please state in what capacity you are signing the form. If you are signing under a power of attorney, please include a certified copy of the power of attorney.

Function:



# INSTRUCTIONS

## Parts 1-2:

The "Rofenberg" Employee Welfare Foundation is obligated, in accordance with the provisions under the framework of the Common Reporting Standard (CRS) of the OECD as well as the legal bases in the Principality of Liechtenstein on the international automatic exchange of information in tax matters (AEOI law), to record and report certain information about the tax residence of an account holder and to observe these commitments through AXA Life Ltd. as founder. Each jurisdiction has its own rules for determining tax residence. As a rule, your tax residence and the country you live in are the same. However, under special circumstances (e.g. studying abroad, working abroad, or extended travel), you may be resident in another country or in more than one country at the same time (dual residence). It is likely that the country (countries) in which you pay income tax is/are also the country (countries) of your tax residence. For more information about your tax residence, please contact your tax advisor or follow this link: <u>AEOI portal of the OECD</u>.

If your tax residence (or the tax residence of the account holder if you are completing this form on their behalf) is located **outside of the Principality of Liechtenstein**, we may be required by law to pass on the information on this form, as well as other financial information relating to your financial accounts, to **the Principality of Liechtenstein Tax Administration**.

You will find definitions as to who is classified as an account holder, as well as other terms, in the Appendix.

This form retains its validity as long as there are no changes in the circumstances affecting the tax status of the account holder or other mandatory fields on this form. In the event of a change of circumstances that cause this form to become inaccurate or incomplete, you are required to inform us and to send us an updated self-certification.

This form serves only to collect information that it is not prohibited to collect under local laws.

If you are a US person according to the provisions of the US Internal Revenue Service (IRS), you may also have to complete the IRS W-9 form.

If you are completing this form on behalf of another person, please let us know in Part 3 in which capacity you are signing. For example, you might be the custodian or nominee of an account of the account holder, or you might be completing the form under a power of attorney.

## As a financial institution, we are not allowed to give tax advice.

If you have any questions about this form, these instructions or determining your tax resident status, please do not hesitate to contact your tax advisor or the tax authorities in your country.

More information, including a list of jurisdictions that have signed the agreement on the automatic exchange of information, as well as more details on the information required, can be found on the <u>OECD portal on the</u> <u>automatic exchange of information</u>.

## Part 3

I agree that the information contained in this form about the account holder and about the reportable account (reportable accounts) may be reported to the tax authorities of the country in which the account (accounts) is (are) maintained and may be shared with the tax authorities of another country or other countries in which the account holder may be tax resident in accordance with the intergovernmental agreement on the exchange of account information.

With my signature, I certify that I am the account holder of the account (all the accounts) to which this form relates (or am authorized to sign for the account holder in relation to all accounts to which this form relates).



# **Appendix: Definitions**

**Note:** The following definitions are intended to help you complete this form. Further details can be found in the OECD Common Reporting Standard for the Automatic Exchange of Financial Account Information (CRS), the associated commentary to the CRS, and domestic guidance. This can be found at the following link: <u>OECD</u>.

If you have any questions, please do not hesitate to contact your tax advisor or the tax authorities in your country.

### Account Holder

The account holder is the person who is insured with the "Rofenberg" Employee Welfare Foundation through their employer. The account holder is also referred to as the insured person. An individual retirement account/vested benefits account is maintained as a reportable account for this person. In a benefit case, each eligible person is regarded as the account holder.

## Financial Account

A financial account is an account that is maintained by a financial institution. This includes: deposit accounts, custody accounts, equity and debt capital participations in certain investment companies, redeemable insurance contracts, and pension insurance contracts.

## Participating Jurisdiction

The term "Participating Jurisdiction" refers to a jurisdiction with which an agreement exists to provide the information referred to in the Common Reporting Standard for the Automatic Exchange of Financial Account Information (CRS).

### Reportable Account

The term "Reportable Account" refers to an account held by one or more reportable persons or by a passive non-financial entity ("NFE") with one or more controlling persons who are reportable persons.

### **Reportable Jurisdiction**

A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place.

### **Reportable Person**

A Reportable Person is a person who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Persons with dual residence may rely on the tiebreaker rules in tax conventions (where applicable) in order to determine their residence for tax purposes.

## TIN (including "functional equivalent")

The term "TIN" refers to the Tax Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to a natural person or a legal entity and used to identify the natural person or legal entity for the purposes of administering the tax laws of such jurisdiction. Further details about recognized TINs can be found under the following link: <u>OECD portal</u>.

Some jurisdictions do not issue a TIN. However, these jurisdictions often use a different number with a high degree of data security providing an equivalent level of identification (a "functional equivalent"). Examples of these types of number for persons include a social insurance or insurance number, a citizen or personal identification number, a benefit code, a benefit number, and a resident's registration number.